DOCUMENT RESUME

ED 214 348 EC 141 567

AUTHOR Finkelstein, Harry
TITLE The Mentally Retarded and the Educational System in Denmark.
PUB DATE 81
NOTE 38p.

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Adults; *Attitude Change; Civil Rights; Elementary Secondary Education; *Employment; Foreign Countries; History; *Housing; *Mental Retardation; *Normalization (Handicapped); Parent Associations; *Social Attitudes; Special Education
IDENTIFIERS *Denmark

ABSTRACT

The history of educational services for mentally retarded persons in Denmark is traced, along with the evolution of attitudes toward the population from a protectionist philosophy which promoted segregation to current thinking about normalization. The role of the national parents' association in influencing service review and reform is stressed. The relationship between the objective of normalization and the working methods of integration and segregation is considered. Changes in Danish laws to guarantee equal rights to mentally retarded persons are reviewed, as are conditions surrounding and influencing the changes. The effects of the normalization principle on housing and work of mentally retarded persons, including adults, are discussed. (CL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED214348

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

EC

THE MENTALLY RETARDED AND THE EDUCATIONAL SYSTEM IN DENMARK

HARRY FINKELSTEIN

1981

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Harry Finkelstein

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EC141567

THE MENTALLY RETARDED AND THE EDUCATIONAL SYSTEM IN DENMARK

DENMARK IS A SMALL COUNTRY OF 16,000 SQUARE MILES WITH AN EVENLY DISTRIBUTED POPULATION OF FIVE MILLION. IT HAS A WELL DEVELOPED COMMUNICATIONS SYSTEM AND A RELATIVELY EVEN DISTRIBUTION OF SOCIAL, MEDICAL AND EDUCATIONAL SERVICES WITHIN EASY REACH OF THE CITIZENS. THE SOCIAL SECURITY SYSTEMS ARE OF SUCH A QUALITY THAT DENMARK MUST BE REGARDED AS ONE OF THE "WELFARE STATES". THIS HAS CREATED A PUBLIC EXPECTATION OF EQUALITY.

THERE ARE 800,000 CHILDREN OF SCHOOL AGE AND 100,000 OF THESE RECEIVE SPECIAL PEDAGOGICAL ASSISTANCE.

70,000 HANDICAPPED CHILDREN ARE TAUGHT IN ORDINARY CLASSES SUPPORTED BY SPECIAL TEACHING AIDS AND SUPPLEMENTARY SPECIAL EDUCATION. TEACHERS MAY SEEK GUIDANCE FROM AN EXTENSIVE SCHOOL PEDAGOGICAL ADVISORY SERVICE.

THROUGHOUT THE AGES HANDICAPPED PEOPLE HAVE BEEN CONSIDERED PERSONS WHO DID NOT BELONG TO SOCIETY. THE HANDICAPPED HAVE FOR CENTURIES BEEN SEGREGATED FROM THE GENERAL COMMUNITY.

THIS SEGREGATION RESULTED AS A RULE IN POORER TREATMENT FOR THE HANDICAPPED AS OPPOSED TO THE REST OF THE POPULATION.

IT IS GENERALLY KNOWN THAT GROUP SEGREGATION IS EQUAL TO DISCRIMINATION.

THIS DISCRIMINATION IS SEEN IN THE FACT THAT THEY DO NOT ACHIEVE THE EQUALITY WHICH IS CONSIDERED A BASIS OF A WELL DEVELOPED DEMOCRACY.

THE MENTALLY RETARDED FORM SUCH A GROUP WHICH, ALTHOUGH DIFFICULT TO DEFINE, COULD EASILY BE SEGREGATED, AS THEY HAVE GROUP CHARACTERISTICS. UNTIL THE 19TH CENTURY NO DISTINCTION WAS MADE BETWEEN MENTALLY ILL AND MENTALLY RETARDED PERSONS. IT WAS NOT UNTIL THE MIDDLE OF THE 19TH CENTURY THAT ATTEMPTS WERE MADE TO SEPARATE THESE TWO GROUPS.

HISTORY SHOWS THAT SPECIAL EDUCATION IN DENMARK WAS STARTED IN 1807 AND 1811 BY THE ESTABLISHMENT OF THE INSTITUTES FOR THE DEAF AND THE BLIND, RESPECTIVELY. THEY WERE STARTED ON PRIVATE GRANTS, BUT WITH PUBLIC SUPPORT. IN 1855 THE FIRST SCHOOL FOR THE MENTALLY RETARDED WAS ESTABLISHED IN COPENHAGEN, AND IN 1872 A SCHOOL FOR THE PHYSICALLY HANDICAPPED.

THE FIRST SPECIAL CLASS WITHIN THE ORDINARY PRIMARY AND LOWER SECONDARY SCHOOL WAS ESTABLISHED IN 1901. DURING THE FOLLOWING YEARS IT INCREASED THE EDUCATIONAL OPPORTUNITIES FOR THE HANDICAPPED. THE STATE INCREASINGLY PROVIDED SPECIAL CARE, ORGANIZED AND FINANCED WITH A PARTICULAR HANDICAP IN MIND. GRADUALLY EACH TYPE

ACQUIRED THE CHARACTER OF A MODEL SOCIETY FOR EACH GROUP OF HANDICAPPED PERSONS. THIS BECAME THE RULING PRINCIPLE AFTER 1933 WHEN THE STATE TOOK OVER ALL TEACHING, CARE AND TENDING OF MENTALLY AND SEVERELY PHYSICALLY HANDICAPPED PEOPLE. FAR REACHING REFORMS WERE CARRIED THROUGH BY ACTS OF PARLIAMENT ON MEASURES FOR THE DEAF IN 1950, THE BLIND IN 1956 AND THE MENTALLY RETARDED IN 1959.

PARALLEL WITH THESE MEASURES, LEGISLATION ON THE HANDICAPPED IN THE ORDINARY PRIMARY AND LOWER SECONDARY SCHOOL WAS PASSED.

IN 1937 THE PRIMARY AND LOWER SECONDARY SCHOOLS WERE REQUIRED CONDITIONALLY AND IN 1958 UNCONDITIONALLY TO GIVE SPECIAL TEACHING TO PUPILS WHO COULD NOT BENEFIT FROM THE ORDINARY TEACHING. CHARITY WAS REPLACED BY A RIGHT FOR ALL CHILDREN TO DEVELOP THEIR PERSONALITIES THROUGH EDUCATION, REGARDLESS OF THE FACT THAT THE EXPENSE INVOLVED WAS CONSIDERABLE IN SOME CASES, AS REGARDS TO TEACHER HOURS, TEACHING AIDS AND TRANSPORT. ALL COSTS ARE PAID BY THE STATE, THOUGH IN PRIVATE SCHOOLS ONLY 85% OF THE COSTS WERE PAID.

IN 1949, REGULATIONS ON SCHOOL PSYCHOLOGICAL ADVISORY SERVICES WERE PASSED. THIS CREATED THE BASIS FOR INCREASED INDIVIDUALIZATION IN CLASSES AND COMPETENT ASSESMENT AND REFERRAL FOR SPECIAL EDUCATION. THE PRIMARY AND LOWER SECONDARY SCHOOL

TOOK ON NEW TASKS, EMPLOYING SPECIALIZED TEACHERS AND CONSULTANTS TO ENSURE THE QUALITY OF THE SPECIAL TEACHING. DURING THE 1960S THE PRIMARY AND LOWER SECONDARY SCHOOL HAD AT ITS DISPOSAL DIFFERENTIATED EDUCATIONAL OFFERS AND GAINED THE EXPERIENCE THAT THE HANDICAPPED CHILDREN DEVELOP BETTER SOCIALLY AND EDUCATIONALLY TOGETHER WITH AN ORDINARY CROSS SECTION OF THE SAME AGE GROUP THEN WHEN SEPARATED INTO A HANDICAP ENVIRONMENT.

THE FIRST INSTITUTION FOR THE MENTALLY RETARDED WAS ESTABLISHED IN 1855 ON A PRIVATE GRANT. THIS WAS A SMALL SCHOOL HOME WITH TWENTY FOUR PLACES. THE INSPIRATION CAME FROM SWITZERLAND AND THE RATHER OPTIMISTIC OBJECTIVE WAS A CURE FOR MENTAL RETARDATION. TO MAKE "NORMALLY GIFTED" PERSONS OUT OF THE PUPILS.

THE MEANS WERE BOTH MEDICAL AND PEDAGOGICAL, AND A SUBSTANTIAL PART OF THE EDUCATION CONSISTED FOR PHYSICAL TRAINING. AFTER A FEW YEARS, THE PROJECT WAS ABANDONED. NO ONE WAS CURED AND FROM THEN ON THE OBJECTIVE BECAME CUSTODIAL CARE, CHARACTERIZED BY A PROTECTIONISM WHICH AIMED AT PROTECTING THE MENTALLY RETARDED FROM SOCIETY, AND SOCIETY FROM THE MENTALLY RETARDED. THE OVERALL PROTECTIONIST ATTITUDE WAS REINFORCED BY THE THEORY HELD AT THE UNIVERSITY OF COPENHAGEN ALMOST UP TO WORLD WAR II THAT THEY WERE GROUPS OF MENTALLY RETARDED PEOPLE WHO WERE DANGEROUS, CRIMINAL, UNSTABLE, AND SO ON, AS A RESULT OF THEIR MENTAL RETARDATION.

THIS PROTECTIONIST PHILOSPHY LED TO THE ISOLATION OF THE MENTALLY RETARDED IN SPECIAL INSTITUTIONS WHICH WERE OFTEN

BEAUTIFULLY SITED BUT WERE ALSO REMOTE. LARGER AND LARGER INSTITUTIONS WERE THEN ESTABLISHED TO SOFTEN THE ISOLATION AND CREATE A MORE VARIED SMALL SOCIETY. THESE CATERED TO ALL TYPES AND DEGREES OF MENTALLY RETARDED PEOPLE. SOCIETIES OF THE MENTALLY RETARDED WERE CREATED AND THE AIM WAS TO MAKE THOSE SOCIETIES SELF SUPPORTING.

PSYCHIATRIC CIRCLES CONSIDERED SOME OF THE MENTALLY RETARDED, EVEN UNTIL OUR OWN CENTURY, AS DANGEROUS OR POTENTIAL CRIMINALS WITH AN INNATE NEED FOR "VAGABONDAGE".

THIS HUMAN PROTECTIVE ATTITUDE TOWARDS THE MENTALLY RETARDED LED TO THE SAME RESULT AS THE GENERALLY PREVAILING NEGATIVE ATTITUDES BY SOCIETY TOWARDS ANY PEOPLE WHO DEVIATE FROM SOCIETY'S NORMS. SUCH DEVIATIONS INCLUDE RACE, RELIGION, PHYSICAL OR MENTAL CONDITIONS.

MANIFESTATIONS OF THESE ATTITUDES AND THE RESULTING POLICIES TAKE THE FORM OF GIANT INSTITUTIONS OR GHETTOS FOUND ALL OVER THE WORLD. MOST OF THESE INSTITUTIONS ARE MARKED BY HOPELESSNESS, OVERCROWDING AND UNDERSTAFFED CONDITIONS AND GENERALLY POOR STANDARDS OF CARE.

AS EARLY AS 1888 A FEW MENTALLY RETARDED PEOPLE WERE PLACED IN SO-CALLED "FAMILY CARE"; CHIEFLY WITH FARMERS WHERE THE MOST ABLE MEN COULD PARTICIPATE IN SIMPLE WORK, AND THE WOMEN IN DOMESTIC TASKS.

THE ASSUMPTIONS BEHIND THIS TREATMENT OF MENTALLY RETARDED HAVE PROVED TO BE WRONG. NEW KNOWLEDGE, IMPROVED FINANCIAL AND TECHNICAL POSSIBILITIES AND CONSEQUENTLY MORE HUMAN ATTITUDES TOWARDS HANDICAPPED PEOPLE, HAVE RESULTED IN A NEW INTERNATIONALLY ACCEPTED TREATMENT POLICY.

FROM THE BEGINNING OF THIS CENTURY, THE DIAGNOSIS OF MENTAL RETARDATION WAS EXCLUSIVELY DETERMINED BY AN IQ TEST, AND THE UPPER LIMIT SET AT AN IQ OF SEVENTY-FIVE. PEOPLE BELIEVED IN THE "PERMANENCE" OF IQ'S A THEORY WHICH IS TODAY COMPLETELY ABANDONED.

THE OBJECTIVE OF RESIDENTIAL CARE WAS TO TAKE CARE OF CLIENTS WITHOUT ANY REAL TREATMENT. THEY SHOULD LIVE A NICE COZY LIFE. SCHOOLS WERE GRADUALLY ESTABLISHED AT A LARGER INSTITUTIONS FOR THE EDUCATION OF THE MOST ABLE CHILDREN, THE "BORDERLINE" AND THE MILDLY RETARDED. THIS EDUCATION WAS ADAPTED FROM NORMAL EDUCATION AND DISTINGUISHED CLEARLY BETWEEN THE "EDUCABLE" AND THE "NON EDUCABLE"; THE LATTER HAVING NO RIGHT TO EDUCATION. APART FROM A SINGLE PRIVATE SCHOOL, THERE WERE NO DAY SCHOOLS FOR RETARDED CHILDREN UNTIL AFTER WORLD WAR II.

AS THE ORDINARY PRIMARY SCHOOLS REFUSED TO GIVE EDUCATION TO MENTALLY RETARDED CHILDREN, PARENTS HAD NO ALTERNATIVE BUT TO SEND THEIR CHILDREN TO A RESIDENTIAL FACILITY.

THE LARGE INSTITUTIONS WERE LED BY PHYSICIANS AS ADMINISTRATORS. BY THE 1930'S, PSYCHIATRISTS HAD BEGUN TO SHOW INTEREST IN SERVICES FOR THE MENTALLY RETARDED. THIS LED TO BETTER EXAMINATION AND DIAGNOSIS AND SOME IMPROVEMENT IN THE HYGIENE OF THE

INSTITUTIONS: THIS WAS THE HOSPITAL MODEL. THERE WAS NO SYSTEMATIC PEDAGOGICAL OR PSYCHOLOGICAL WORK EXCEPT FOR THE SMALL BOARDING SCHOOLS MENTIONED BEFORE.

UNTIL WORLD WAR II, DENMARK MET THE DEMAND FOR INSTITUTIONAL PLACES BETTER THAN ANY OTHER SCANDINAVIAN COUNTRY. THE QUALITY OF CARE WAS ALSO DESCRIBED AS SOMEWHERE NEAR THE BEST IN THE WORLD.

THE HOUSING CONDITIONS, SERVING AS THEY DID AN ISOLATED MINORITY GROUP, WERE POOR. IT SHOULD NOT BE FORGOTTEN THAT LEGISLATION AND PRACTICE MADE IT POSSIBLE TO EMPTY THE JAILS OF ALL MENTALLY RETARDED PEOPLE; THEY WERE THEN CONDEMNED TO RESIDENCE IN INSTITUTIONS FOR THE MENTALLY RETARDED. SOME OF THESE INSTITUTIONS HAD AND STILL DO HAVE, SPECIAL CLOSED WARDS FOR THE SO CALLED "CRIMINALS".

WORLD WAR II PUT AN END TO THE FURTHER EXPANSION OF LARGE SCALE INSTITUTIONS BUT, UNFORTUNATELY, THIS STARTED AGAIN BEFORE THE NEW APPROACHES HAD BROKEN THROUGH IN THE 1950'S.

SMALL INSTITUTIONS WITH BETWEEN TWENTY AND FORTY PLACES HAD BEEN BUILT DURING THE WAR OF WHICH MOST WERE PRIVATELY OWNED AND PUBLICLY SUPPORTED. BUT THESE SMALL HOMES WERE CONSIDERED TEMPORARY SOLUTIONS WHICH WENT AGAINST THE INSTITUTIONAL PHILOSOPHY.

DENMARK HAD A RELATIVELY WELL DEVELOPED SYSTEM, FULLY FINANCED BY THE PUBLIC, ESSENTIALLY MEDICALLY-DIRECTED AND, APART FROM CERTAIN QUANTITATIVE LACKS, CONSIDERED SATISFACTORY BY MOST PROFESSIONALS.

THESE QUANTITATIVE LACKS WERE CHIEFLY IN HOUSING WHICH LED TO A DEMAND FOR MORE WARDS AND STILL LARGER INSTITUTIONS. IN THE OCCUPATIONAL FIELD, IT WAS RECOGNIZED THAT CLIENTS WOULD PARTICIPATE IN THE WORK OF THE INSTITUTION; IN THE GARDENS, THE KITCHEN, OR IN CLEANING WORK. THEY WOULD HAVE LEISURE ACTIVITIES LIKE HANDICRAFTS, NEEDLEWORK AND WEAVING BUT THERE WAS NO INDUSTRIAL WORK AND THERE WERE NO SHELTERED, WORKSHOPS. SOME OF THE PROFESSIONAL LEADERS CONSIDERED THAT THE MENTALLY RETARDED HAD THE RIGHT NOT TO WORK, SIMPLY TO VEGETATE.

WITHOUT REGARD TO THE DEGREE AND CATEGORY OF MENTAL RETARDATION THE PROFESSIONALS IN DENMARK FELT IT WAS POSSIBLE THROUGH TREATMENT, TRAINING AND EDUCATION TO DEVELOP A MENTALLY RETARDED PERSON. IN PRINCIPLE, MENTALLY RETARDED PERSONS CAN BE DEVELOPED TO THE SAME DEGREE AS OTHER PERSONS, NAMELY TO THE OPTIMUM OF THEIR CAPACITY. IN PRACTIVE IT WAS FELT THAT THERE WAS A GREAT DIFFERENCE AS TO HOW FAR DEVELOPMENT CAN BE REACHED, BUT ALL HUMAN BEINGS HAVE POSSIBILITIES FOR DEVELOPMENT, AND A RIGHT TO HAVE THESE POSSIBILITIES REALIZED.

IT IS KNOWN TODAY THAT EARLY STIMULATION IS OF VITAL IMPORTANCE. EARLY IDENTIFICATION AND THE EARLIEST POSSIBLE INITIATION OF TREATMENT ARE THEREFORE ABSOLUTELY NECESSARY.

IN ADDITION TO THIS NEW KNOWLEDGE, THE RELATIVES OF THE MENTALLY RETARDED, WHO IN MANY COUNTRIES HAVE FORMED ORGANIZATIONS OF THEIR OWN, DEMAND THAT THE MENTALLY HANDICAPPED PERSONS' CIVIL AND HUMAN RIGHTS BE GUARANTEED. ANY OF US CAN HAVE A MENTALLY RETARDED CHILD, NO MATTER WHAT HIS FINANCIAL OR SOCIAL POSITION IS.

IN YEARS PASSED THE SUPERSTITIOUS BELIEF THAT A MENTALLY RETARDED CHILD WAS A RETRIBUTION OF ONES SINS IS TODAY IN DENMARK COMPLETELY UNFOUNDED. PARENTS OF MENTALLY RETARDED CHILDREN SHOULD THEREFORE NEVER FEEL GUILTY OR ASHAMED. THE MENTALLY RETARDED INDIVIDUAL IS JUST A VALUABLE AS THE SO CALLED NORMAL INDIVIDUAL. THE NEGATIVE DISCRIMINATION AND SEGREGATION ARE NOW GIVING WAY IN FAVOR OF EQUAL LEGAL STATUS FOR THESE CITIZENS. CONSEQUENTLY, THEY FEEL THAT THE MENTALLY RETARDED PERSON IS PART OF A SPECIAL GROUP WHICH CAN OR SHOULD BE SEGREGATED, THAT MEMBERS OF THE SOCIETY BORN WITH THE SAME RIGHT TO LIVE, HAVE THE SAME RIGHT TO TREATMENT AS ALL OTHERS CITIZENS.

THE OBJECT IS TO OFFER THE MENTALLY RETARDED AN EXISTENCE AS FAR AS POSSIBLE EQUAL TO A NORMAL EXISTENCE. THIS IS WHAT FOR A NUMBER OF YEARS HAS BEEN THE OBJECTIVE IN REGARDS TO THE IMPROVEMENT OF SERVICES FOR THE MENTALLY RETARDED IN THE SCANDINAVIAN COUNTRIES, WHERE IT IS CALLED "THE NORMALIZATION

PRINCIPLE".

SOME METALLY RETARDED PERSONS ARE MINUS VARIANTS OF THE GENERAL MENTAL DISTRIBUTION. SOME ARE PATHOLOGICAL DEVIANTS, OTHER AGAIN ARE MENTALLY RETARDED AS RESULT OF THE SOCIAL AND ENVIRONMENTAL CONDITIONS IN WHICH THEY HAVE TO LIVE.

THE QUANTITATIVE GAPS IN THIS STATE SUPPORTED SYSTEM MEANT OVERCROWDING AND WAITING LISTS. ON THE WHOLE, THERE WAS AGREEMENT THAT THESE GAPS EXISTED EVEN AMONG PROFESSIONALS WHO WERE OTHERWISE GENERALLY CONTENT WITH SERVICES. THE CENTRAL HEALTH AUTHORITIES HAD ALSO CRITICIZED STANDARDS. PROFESSIONAL CRITICISM BEGAN AMONG SOME TEACHERS, PSYCHOLOGISTS, AND SOCIAL WORKERS, BUT THE REAL AND HARSH CRITICISM OF THE ESTABLISHED SYSTEM AND ITS OBJECTIVES CAME FROM THE GROWING ASSOCIATION OF PARENTS. A NATIONAL ASSOCIATION OF PARENTS HAD BEEN ESTABLISHED IN 1951.

IN DECEMBER 1953, THE NATIONAL ASSOCIATION OF PARENTS SENT A NOTE TO THE MINISTER OF SOCIAL AFFAIRS, WHO WAS RESPONSIBLE FOR SERVICES, REQUESTING THE APPOINTMENT OF A COMMITTEE TO DISCUSS THE PROBLEMS OF THESE SERVICES. AMONT OTHER THINGS, THE ASSOCIATION SET OUT THE FOLLOWING SOLUTIONS TO CURRENT PROBLEMS:

-RESIDENTIAL FACILITIES

-THE ESTABLISHMENT OF SMALL INSTITUTIONS NEAR PARENTS OR RELATIVES

-BETTER SUPERVISION OF AND MORE GENERAL AND FINANCIAL AID TO CLIENTS IN THE CARE OF OTHERS

-EDUCATION AND TRAINING FOR CLIENTS AND GENERAL COMPULSORY EDUCATION FOR ALL EDUCABLE CHILDREN; IF NECESSARY, OVER A LONGER PERIOD THAN OTHER CHILDREN

-BETTER LEGAL PROTECTION, INCLUDING JUDICIAL CONTROL OF ALL THOSE INVOLUNTARILY PLACED IN INSTITUTIONS

-GUARDIANSHIP ARRANGMENTS

-THE RIGHT TO COMPLAIN

-DAY CARE FACILITIES FOR ADULTS AS WELL AS CHILDREN.

-LIAISON COMMITTEES FOR THE INSTITUTIONS, INCLUDING REPRESENTATION OF JUNIOR STAFF AND PARENTS.

FINALLY, THE ASSOCIATION STRESSED THE NEED FOR GREATER EDUCATION AL AND PSYCHOLOGICAL INFLUENCES ON THE SERVICE.

SOME FOUR MONTHS AFTER THIS NOTE, THE MINISTER FOR SOCIAL AFFAIRS SET UP A COMMITTEE WHICH INCLUDED TWO PARENTS' REPRESENTATIVE.

CLEARLY, THE ASSOCIATION WAS THE IMMEDIATE AND MOST POWERFUL REASON FOR THE REVIEW OF THE DANISH SERVICE FOR THE MENTALLY RETARDED AT THAT TIME. REFORM WAS DIFFICULT. ON THE ONE HAND, A SYSTEM WHICH THE EXPERTS IN PRINCIPLE CONSIDERED SATISFACTORY HAD TO BE BROKEN DOWN, AND ON THE OTHER, A COMPLETELY DIFFERENT SYSTEM HAD TO BE BUILT UP.

IN 1969 THE TREND LED TO A PARLIAMENTARY DECISION THAT THE TEACHING OF THE HANDICAPPED WAS TO BE EXTENDED IN SUCH A WAY THAT THE CHILDREN MAY BE TAUGHT IN AN ORDINARY SCHOOL ENVIRONMENT AS FAR AS POSSIBLE.

THE DANISH GOVERNMENT SET UP A COMMITTEE WHO, IN 1971, RECOMMENDED A COHESIVE STRUCTURE OF ALL SPECIAL TEACHING OFFERS WHITHIN THE PRIMARY AND LOWER SECONDARY SCHOOL, COVERING ALL SPECIAL EDUCATIONAL FACILITIES, INCLUDING TEACHING IN RESIDENTIAL CARE INSTITUTIONS AND SPECIAL PEDAGOGICAL ASSISTANCE FOR CHILDREN BELOW COMPULSORY SCHOOL AGE.

THE ATTITUDE OF THE ASSOCIATION OF PARENTS WAS NEW. IT CREATED THE POSSIBILITY OF AN OPEN DISCUSSION OF THE PROBLEMS AND ALSO LED TO AN ACCEPTANCE OF THE PROBLEMS THROUGHOUT SOCIETY. IT THUS CREATED POLITICAL SUPPORT FOR REFORM.

THIS NEW PARENTAL ATTITUDE WAS BASED ON CERTAIN FACTS.

THESE INCLUDED NEW KNOWLEDGE ABOUT MENTAL RETARDATION, ESPECIALLY ABOUT ITS ETIOLOGY. IT WAS NOW EVIDENT THAT THIS WAS NOT A SOCIAL PROBLEM LIMITED TO THE LOWER SOCIAL GROUP. EACH FAMILY HAD TO CONSIDER THE RISK OF HAVING A MENTALLY RETARDED CHILD. THIS SOMEWAHT REDUCED THE FEELING OF GUILT AND SHAME WHICH SURROUNDED THE SUBJECT. THE OPEN DISCUSSIONS ALSO REVEALED THAT MANY OF THE INSTITUTIONALIZED MENTALLY RETARDED, EVEN THE MAJORITY WERE LIVING IN CONDITIONS WHICH WERE UNACCEPTABLE TO A COUNTRY SO PROUD OF ITS RELATIVELY HIGH

SOCIAL STANDARDS. NEW KNOWLEDGE ON TREATMENT (MEDICAL, PEDAGOGICAL, PSYCHOLOGICAL, AND SOCIOPEDAGOGICAL) HAD EVENTUALLY TO LEAD TO DEMANDS FOR ACTIVE TREATMENT--FOR EXAMPLE, EDUCATION.

THE THEORY OF MENTAL RETARDATION AS A STATIC AND LIFE LONG CONDITION WENT WELL WITH THE PRACTICE OF "PUTTING AWAY". THE NEW KNOWLEDGE THAT MENTAL RETARDATION IS A DYNAMIC CONDITION WHICH CAN BE INFLUENCED BY TREATMENT, EDUCATION, AND TRAINING MEANT A NEW OBJECTIVE FOR SERVICES. THE 1959 ACT EXPRESSED THIS AS "TO CREATE AN EXISTENCE FOR THE MENTALLY RETARDED AS CLOSE TO NORMAL LIVING CONDITIONS AS POSSIBLE". THIS PHRASE WAS THE BASIS OF THE THEORY LATER TO BE CALLED "NORMALIZATION" WHICH WAS, AND STILL IS, A CHALLENGE TO THE SCANDANOVIC PEOPLES AS WELL AS IN MANY OTHER COUNTRIES WHERE A NEW ATTITUDE TOWARDS HANDICAPPED PEOPLE HAS BEEN CREATED.

THERE HAVE BEEN SEMANTIC PROBLEMS ABOUT THE VERY WORK "NORMALIZATION". SOME HAVE MISINTERPRETED IT TO MEAN CONVERTING MENTALLY RETARDED PEOPLE INTO SO-CALLED "NORMALS". NORMALIZATION DOES NOT MEAN NORMALITY. A MENTALLY RETARDED PERSON IS NOT NORMAL--WHO IS? WHAT IS NORMALITY, AND DOES ANYONE WANT TO BE "NORMAL" AT A TIME WHEN THERE IS SO MUCH UNDERSTANDING FOR PEOPLE WHO ARE TRYING NOT TO BE UNIFORM? NORMALIZATION MEANS MAKING NORMAL MENTALLY RETARDED PEOPLE'S HOUSING, EDUCATION, WORKING CONDITIONS, AND LEISURE CONDITIONS. IT MEANS BRINGING THEM THE LEGAL AND HUMAN RIGHTS OF ALL OTHER CITIZENS.

NORMALIZATION DOES NOT AIM AT MAKING THE MENTALLY RETARDED INTO SO CALLED NORMAL PEOPLE. IT HAS TO BE REALIZED THAT MENTALLY RETARDED ARE DEFINED AS A GROUP OF PERSONS THAT IN SEVERAL RESPECTS ARE NOT NORMAL. AGAIN, THE GOAL IS NOT "NORMALITY", BUT "NORMALIZATION".

NORMALIZATION MEANS ACCEPTANCE OF THE MENTALLY RETARDED WITH THEIR HANDICAP, AND OFFERING THEM NORMAL LIVING CONDITIONS, I.E. OFFERING THEM THE SAME CONDITIONS AS ARE OFFERED TO OTHER CITIZENS, INCLUSIVE OF TREATMENT, EDUCATION AND TRAINING ADJUSTED TO THE HANDICAPPED PERSON'S INDIVIDUAL NEED FOR THE PURPOSE OF ENABLING HIM TO DEVELOP OPTIMALLY. NORMALIZATION IS NOT A NEW "ISM". IT IS MORE AN ANTI-DOGMA TELLING THAT WE DON'T SPECIAL THEORIES FOR THE MENTALLY RETARDED, BUT EQUALITY IN THE SENSE IT IS USED HERE.

NORMALIZATION IS BASICALLY AN ATTACK ON THE VARIOUS DOGMAS, ESPECIALLY PROTECTIONISM, WHICH HAVE FOR CENTURIES WORRIED MENTALLY RETARDED PEOPLE. NORMALIZATION MEANS THAT THE MENTALLY RETARDED PEOPLE SHOULD NOT BE TREATED ANY SPECIAL WAY.

A LOGICAL CONCLUSION OF THE CONCEPT WOULD BE TO DENY THE EXISTENCE OF A SPECIAL GROUP OF PEOPLE CALLED "MENTALLED RETARDED".

IN THE NEAR FUTURE, DENMARK WILL SHOW THAT NO SPECIAL SERVICE IS NEEDED TO TAKE CARE OF THE MENTALLY RETARDED. THEY HOPE THAT THE PHILOSOPHY WILL BECOME STRONG ENOUGH TO ELIMINATE DISTINCTIONS BETWEEN THE NORMALS, THE MENTALLY RETARDED AND OTHER DEVIANTS.

THIS, OF COURSE, DOES NOT MEAN THAT MENTALLY RETARDED AND OTHER HANDICAPPED PEOPLE DO NOT HAVE A RIGHT TO SPECIAL EDUCATION OR SPECIAL TREATMENT. BUT THIS SHOULD BE PROVIDED ACCORDING TO NEED AND NOT MERELY BECAUSE THEY ARE MENTALLY HANDICAPPED AND THE SAME SHOULD APPLY TO OTHER CITIZENS WHO NEED SPECIAL PROVISIONS FOR A SHORT PERIOD OF TIME OR FOR THEIR WHOLE LIVES.

CONSEQUENTLY, MENTALLY RETARDED PERSONS ARE NO SPECIAL GROUP, WHICH CAN OR SHOULD BE SEGREGATED, BUT MEMBERS OF THE SOCIETY, BORN WITH THE SAME RIGHT TO LIVE, AND THE SAME RIGHT TO TREATMENT AS ALL OTHER CITIZENS.

NORMALIZATION HAS OFTEN BEEN CONFUSED WITH THE PROBLEM OF INTEGRATION AND SEGREGATION. IT SHOULD BE STRESSED THAT, WHILE NORMALIZATION IS THE OBJECTIVE, INTEGRATION AND SEGREGATION ARE DESCRIBED SIMPLY AS THE WORKING METHODS. THEY ARE MEANS WHICH CAN BE SELECTED ACCORDING TO THE EVALUATION OF EACH SITUATION OF WHAT WOULD BE THE MOST SUITABLE OR EFFICIENT WAY TO REACH THE GOAL. WE KNOW FROM EXPERIENCE THAT SEGREGATION IS NOT USUALLY THE BEST MEANS TO ACHIEVE NORMALIZATION. THERE IS NO EVIDENCE OR DOCUMENTATION TO SHOW THAT SEGREGATION OF SEVERELY AND PROFOUNDLY RETARDED PEOPLE IN SPECIAL SCHOOLS OR SPECIAL CLASSES WOULD NOT WORK AS EFFECTIVELY TOWARDS NORMALIZATION AS INTEGRATING THEM INTO NORMAL CLASSES. THIS IS JUST ONE EXAMPLE TO SIGHT THE OFTEN RATHER SUPERFICIAL DISCUSSION ON INTEGRATION.

CONDITIONS OF LIFE MUST BE VIEWED IN THE THREE DIMENSIONS: HOUSING CONDITIONS, WORKING CONDITIONS AND LEISURE TIME ACTIVITIES.

A DISTINCTION NEEDS TO BE MADE BETWEEN INTEGRATION IN HOUSING, WORK AND EDUCATION. MOST PEOPLE WHO KNOW THE PROBLEMS OF PROFOUNDLY RETARDED PEOPLE MAY AGREE THAT INTEGRATION IS NEITHER THE AIR NOR THE ONLY MEANS. THEY DO AGREE, HOWEVER, THAT NORMALIZATION SHOULD BE MADE AVAILABLE TO EVEN PROFOUNDLY RETARDED CITIZENS.

IT WAS THE PURPOSE OF THE DANISH ACT OF 1959 TO CREATE AN EXISTENCE FOR THE MENTALLY RETARDED AS CLOSE TO NORMAL LIVING CONDITIONS AS POSSIBLE. THIS RATHER SIMPLE FORMULATION WAS THE STARTING POINT OF THE WHOLE INTERNATIONAL DISCUSSION ABOUT THE CONCEPT OF NORMALIZATION. NORMALIZATION IS SET AGAINST THE THEORY OF PROTECTION OR OVERPROTECTION. IT OPERATES IN TERMS OF EQUALITY. IT IS PART OF THE STRUGGLE FOR CIVIL AND HUMAN RIGHTS FOR EVERY PERSON.

A SIGNIFICANT ELEMENT OF THE NORMALIZATION THEORY IS THUS THE JUDICIAL AND ADMINISTRATIVE VIEW THAT ALL ARE EQUAL UNDER THE LAW.

TO ILLUSTRATE THIS, IT IS WORTH MENTIONING THAT ON NOVEMBER 4, 1950, DURING THE EUROPEAN COUNCIL, DENMARK WAS FORCED TO CHANGE VARIOUS STATUTES. THESE INCLUDED THOSE COVERING THE COMMITMENT AND DETENTION OF MENTALLY RETARDED PEOPLE. AT THE SAME TIME THE COUNTRY'S CONSTITUTION WAS CHANGED. AS A RESULT, THE

CONSTITUTION NOW CONTAINS A GUARANTEE THAT COMMITMENTS MADE BY THE ADMINISTRATIVE AUTHORITIES CAN BE CHALLENGED IN THE ORDINARY COURTS THROUGHOUT DENMARK.

UNDER VERY RESTRICTIVE LEGISLATION PASSED IN THE 1930'S MENTALLY RETARDED PERSONS COULD BE DETAINED IN INSTITUTIONS AGAINST THEIR WILL IF THEY WOULD BE OF CONSIDERABLE NUISANCE TO SOCIETY, IF THEY WERE INCAPABLE OF SUPPORTING THEMSELVES, OR IF THERE WAS AN OBVIOUS RISK OF THEIR HAVING CHILDREN. IN THE LAST CASE, RELEASE WOULD BE CONDITIONAL ON STERILIZATION BEFOREHAND.

THESE FAR REACHING REGULATIONS WERE A RESULT OF THE THEORIES OF THE 1930'S WHICH WERE RACIALLY MOTIVATED AND AIMED TO ISOLATE ALL DEVIANT PERSONS IN INSTITUTIONS. THE OBJECTIVE AT THAT TIME WAS TO HAVE ALL MENTALLY RETARDED PEOPLE REGISTERED, INSTITUTIONALIZED, AND ONLY RELEASED WHEN THEY HAD BEEN STERILIZED. AVAILABLE EUGENIC KNOWLEDGE HAD LED TO THE BELIEF THAT THIS WAS THE WAY TO ABOLISH MENTAL RETARDATION. IT WILL NOT BE NECESSARY, WITH TODAY'S KNOWLEDGE, TO EXPLAIN WHY THIS DID NOT SUCCEED AND WHY IT TURNED OUT TO BE IMPOSSIBLE EVEN TO REDUCE THE NUMBER OF MENTALLY RETARDED PERSONS BY THIS METHOD.

IN 1954, ALL ADMINISTRATIVE DETENTIONS COULD BE BROUGHT UNDER JUDICIAL CONTROL. IN 1959, THE RESTRICTIVE LEGISLATION WAS FURTHER AMENDED SO THAT TODAY IT IS POSSIBLE TO DETAIN ONLY THOSE MENTALLY RETARDED PEOPLE WHO ARE CONSIDERED DANGEROUS TO THEMSELVES

OR OTHERS OR WHO MAY, AFTER RELEASE, BE CONSIDERABLE NUISANCE TO THEMSELVES. EVEN THESE DECISIONS MAY SOON BE BROUGHT UNDER CONTROL OF THE COURTS AND IT IS HOPED THAT THERE WILL SOON BE EQUALITY BETWEEN MENTALLY RETARDED CITIZENS AND OTHERS. THIS IS NORMALIZATION. LEGISLATION ON STERILIZATION HAS ALREADY BEEN PASSED. IT IS NOW VOLUNTARY FOR ALL CITIZENS, INCLUDING THE MENTALLY RETARDED.

THERE WAS MUCH DISCUSSION OF THESE RESTRICTIVE RULES DURING THE 1950'S. PSYCHIATRISTS WERE CRITICIZED FOR DETAINING CLIENTS FOR FAR TOO LONG AND FOR NO OBVIOUS REASON. THE SERVICE TODAY IS BASED ALMOST ENTIRELY ON THE PRINCIPLE OF A VOLUNTARY USE OF SERVICES.

ADMINISTRATIVE LAWYERS INSIDE THE DANISH CENTRAL ADMINISTRATION TOOK A MAJOR PART IN DISCUSSIONS ABOUT LEGAL PROTECTION. WHILE MOST OF THE PROFESSIONALS IN THE INSTITUTIONS DID NOT UNDERSTAND THE VIEWS OF THE NATIONAL ASSOCIATION OF PARENTS, THESE WERE IMMEDIATELY ACCEPTED BY THE MINISTRY OF SOCIAL AFFAIRS, WHICH HAD RECOGNIZED THE ASSOCIATION ONLY A YEAR AFTER IT STARTED AND HAD BROUGHT TWO REPRESENTATIVES OF IT INTO ITS CONSULTATIVE BOARD.

A FEW ADMINISTRATORS WITH VARIOUS PROFESSIONAL VIEWS WERE FROM THE VERY START OF THE ASSOCIATION WORKING CLOSELY WITH THE PARENTS. THE PSYCHIATRISTS WERE GENERALLY VERY CONSERVATIVE, DEFENDING THE ESTABLISHED SYSTEM WHERE THEY HAD POWER. TEACHERS HAD A RATHER LIMITED INFLUENCE BUT WERE TO BECOME SIGNIFICANT WHEN THE 1959

ACT WAS PUT INTO EFFECT, ALONG WITH THE RELATIVELY FEW SOCIAL WORKERS IN THIS FIELD.

A LARGE NUMBER OF CARE PERSONNEL WERE VERY CAUTIOUS ABOUT CHANGE BUT AFTER THE ACT MADE REASONABLE DEMANDS FOR BETTER EDUCATION. THE ADMINISTRATION OF THE BOARD OF MENTAL RETARDATION AND THE MINISTRY OF SOCIAL AFFAIRS AGREED TO THIS. A SPECIAL COURSE WAS SET UP ON 1961 WHICH LASTED FOR THREE YEARS AND PRODUCED QUALIFIED "CARE ASSISTANTS". THIS IMPROVED EDUCATION ATTRACTED SO MANY APPLICANTS THAT IT HAS EVER SINCE PROVED IMPOSSIBLE TO ACCEPT MORE THAN ABOUT HALF OF THOSE QUALIFIED TO TAKE THE COURSE. THIS INCREASED DEMAND FOR PLACES HAS THUS MEANT AN INCREASED IN QUANTITY AS WELL AS QUALITY OF CARE ASSISTANTS.

THE ESTABLISHMENT OF THE PARENTS' ASSOCIATION HAS LED TO PUBLIC DEBATE WHICH BOTH CRITICIZED THE EXISTING SYSTEM AND DEMANDED A REFORMED SERVICE. THIS, IN TURN, LED TO INCREASED OPPOSITION AMONG THE MAJORITY OF PROFESSIONALS. EVEN BEFORE THE 1959 ACT, THE ADMINISTRATIVE BOARD OF THE SERVICE HAD HAD A POSITIVE ATTITUDE TOWARDS PUBLIC RELATIONS. WHEN THE ACT ESTABLISHED A SINGLE NATIONAL SYSTEM WITH AN EXECUTIVE BOARD, INCLUDING TWO REPRESENTATIVES OF THE PARENTS, THE LINE WAS VERY CLEAR: OPENNESS AND FRANKNESS IN EVERY WAY.

THERE WAS NO CONCRETE, FORMAL PUBLIC RELATIONS ACTIVITY. BUT THE POSITIVE AND FRANK ATTITUDE OF THE BOARD TURNED THE NEWS MEDIA'S CONSIDERABLE INTEREST TO ITS OWN ACCOUNT.

ANY REPORTER COMING UP WITH QUESTIONS WOULD GET THE BEST POSSIBLE ANSWER FROM THE HEAD OFFICE. IF HE WANTED TO VISIT INSTITUTIONS, THIS WOULD BE ARRANGED. THE DOORS WERE OPENED WIDE. PRESS, RADIO AND TELEVISION WERE FREE TO WRITE AND PHOTOGRAPH WHATEVER THEY WISHED. ALL THEY HAD TO RESPECT WAS THE INDIVIDUAL CLIENT'S WISH NOT TO BE PHOTOGRAPHED.

A CRITICAL ATTITUDE AMONG CONSUMERS, THE PUBLIC AND ADMINISTRATORS, AS THOSE RESPONSIBLE FOR SERVICES, IS ONLY PART OF THE PUBLIC RELATIONS ACTIVITY. IT IS EQUALLY IMPORTANT TO DESCRIBE HOW IT IS POSSIBLE TO OBTAIN POSITIVE RESULTS BY MAKING RESOURCES AVAILABLE. SETTING PRIORITIES IN DISTRIBUTING PUBLIC FUNDS IS A DIFFICULT POLITICAL TASK BUT DENMARK HAS SHOWN A POSITIVE ATTITUDE.

FIFTEEN OR TWENTY YEARS AGO, THE CONSUMERS, INCLUDING THEIR PARENTS, WERE AN OPPRESSED GROUP WITH MODEST DESIRES, GRATEFUL FOR ANYTHING WHICH WOULD BRING PROGRESS. TODAY, FORTUNATELY, THEY ARE FREE AND SOVEREIGN PERSONS OR GROUPS, CLAIMING RIGHTS WHICH HAVE BEEN PROMISED BY THE POLITICIANS AND NOT YET REALIZED IN FULL. ALL THIS IS PART OF A POSITIVE DEVELOPMENT, A KIND OF NORMALIZATION.

WHERE A CHILD DEVELOPS IN SUCH A WAY THAT IT MAY RETURN HOME, OR WHERE THE TREATMENT IS COMPLETED, THE CHILD SHALL, OF COURSE, RETURN TO HIS HOME: THE BASIC PRINCIPLE IS, AS ALREADY STATED, THE BIOLOGICAL PARENTAL HOME IS THE BEST PLACE FOR THE CHILD. SOME COUNTRIES ATTACH SO GREAT AN IMPORTANCE TO THIS POINT

THAT THE PUBLIC FUNDS, IF NECESSARY, WILL GRANT FINANCIAL AID TO THE PARENTS IN ORDER TO ENABLE THEM TO KEEP THE CHILD AT HOME. IN ADDITION, CHILD AND PARENTS ARE OFFERED EXPERT ADVICE, E.G. VISITING NURSES, THERAPISTS, SOCIAL WORKERS, ETC., WHO MAKE IT THEIR JOB TO CONTRIBUTE TO THE CHILD'S WELL BEING IN HIS HOME.

IN MOST COUNTRIES IT IS CUSTOMARY FOR A CHILD TO MOVE FROM HIS PARENTAL HOME ON ATTAINING THE ADULT AGE, WHETHER THE MOVEBE TO THEIR OWN HOUSE, A FLAT, OR A ROOM. IT IS LIKEWISE RIGHT AND PROPER FOR THE MENTALLY HANDICAPPED TO MOVE AWAY FROM HOME WHEN THEY REACH ADULTHOOD, FOR THE SAKE OF THE PARENTS AS WELL. HAVING A MENTALLY RETARDED CHILD IS IN ITSELF A HEAVY STRAIN, AND IT IS NOT REASONABLE FOR PARENTS TO SHOULDER THIS DUTY LONGER THAN THEY DO IN THE CASE OF THEIR OTHER CHILDREN. ANOTHER THING IS THE MENTALLY RETARDED'S DEVELOPMENT WILL GENERALLY ADVANCE WHEN HE MOVES AWAY FROM HOME, IN ASMUCH AS EXPERIENCE GOES TO SHOW THAT PARENTS ARE APT TO ADOPT AN EXAGGERATEDLY PROTECTIVE ATTITUDE TOWARDS THEIR MENTALLY RETARDED CHILD, AN ATTITUDE THAT WILL NOT PROMOTE SUCH A CHILD'S SELF DEPENDENCE, BUT MAY KEEP THEM CONSTRAINED IN AN ARTIFICIAL CHILD TO PARENT RELATIONSHIP.

THE MENTALLY RETARDED PERSON HAS NOW REACHED ADULTHOOD AND MUST BE TREATED AS AN ADULT, I.E. BE ACCEPTED WITH AN ADULT'S CHARACTERISTICS.

MENTALLY RETARDED PERSONS WHO HAVE LIVED AT HOME IN THEIR CHILDHOOD WILL, BECAUSE OF THEIR HANDICAPP, OFTEN BE IN NEED OF HELP AND SUPPORT AS FAR AS THEIR HOUSING PROBLEMS ARE CONCERNED. SOME CAN MANAGE THEIR SEPARATE HOUSEHOLD. THE REQUIREMENT WILL BE FOR SMALL HOMES, NURSING HOMES, HOTELS, GROUP HOMES AND THE LIKE, WHERE THE MENTALLY HANDICAPPED CAN LIVE IN SMALL GROUPS. HERE, TOO, A NUMBER OF ABOUT 20 TO 24 IN ONE PLACE WILL BE THE MAXIMUM, TO PREVENT ANY INSTITUTIONAL ROUTIME.

EXPERIENCE IN DENMARK, PROVES THAT IT IS NOT MORE BUT RATHER LESS EXPENSIVE TO BUILD AND RUN SMALL UNITS THAN THE LARGE INSTITUTIONS OF FORMER TIMES.

HOUSING CONDITIONS OF MENTALLY RETARDED PERSONS SHALL BE NO DIFFERENT FROM THOSE OF OTHER PEOPLE, ANY DEPARTURE FROM THIS RULE SHOULD BE MADE ONLY WHERE SPECIAL REASONS PROVE IT JUSTIFIABLE. THE RESIDENCE OF PHYSICALLY HANDICAPPED PERSONS, FOR INSTANCE, MUST BE WITHOUT STAIRS, AND PROVIDED WITH CORRIDORS AND DOORS THAT ARE WIDE ENOUGH FOR WHEEL CHAIRS.

NOW, TURNING TO THE SECOND ASPECT OF EVERYDAY LIFE-- WORK.

WORK FOR A CHILD MEANS GOING TO KINDERGARTEN AND TO SCHOOL. MENTALLY RETARDED CHILDREN SHOULD LIKEWISE BE OFFERED KINDER-GARDEN, AND THEY SHOULD BE ENTITLED TO EDUCATION.

THE PREDOMINANT ELEMENT IN A SERVICE SYSTEM FOR THE MENTALLY RETARDED IS EDUCATION OF THE CHILDREN. IN THIS RESPECT THE MENTALLY RETARDED HAVE BEEN NEGLECTED IN MANY COUNTRIES. THE GENERAL COMPULSORY EDUCATION HAS BEEN LIMITED TO THOSE WHO COULD LEARN TO READ, WRITE AND DO ARITHMETIC. IT APPEARS THAT CHILDREN WHO ARE MIDLY RETARDED ARE ABLE TO LEARN THE THREE R'S, SO THIS GROUP HAS A CLEAR RIGHT TO EDUCATION, BUT WE KNOW THAT ALL CHILDREN CAN BE TAUGHT, AND IT MUST BE THE DUTY OF EVERY COUNTRY TO EXTEND AN OFFER OF TEACHING TO ALL CHILDREN, IRRESPECTIVE OF THEIR MENTAL DEVELOPMENT. IT MUST BE CONSIDERED A HUMAN RIGHT TO HAVE ACCESS TO EDUCATION. BACKWARD CHILDREN ARE MORE IN NEED OF EDUCATION THAT ANY OTHER GROUP, AND INVESTMENT IN EDUCATION IS INVARIABLY GOOD ECONOMY.

MENTALLY RETARDED ADULTS OUGHT TO HAVE THE SAME RIGHT TO WORK AND PAY AS OTHER CITIZENS. THIS OFTEN PRESUPPOSES THAT THEY MUST BE GIVEN PRELIMINARY VOCATIONAL TRAINING, BUT IN DENMARK THEIR EXPERIENCE HAS SHOWN THAT MENTALLY HANDICAPPED, EVEN SEVERELY HANDICAPPED, CAN BE TRAINED TO WORK IN MODERN INDUSTRIES TO MUTUAL ENJOYMENT AND BENEFIT FOR THEMSELVES AND THEIR COMMUNITY.

THAT THEY SHOULD BE PAID IN PROPORTION TO THEIR PERFORMANCE WOULD SEEM TO BE A FOREGONE CONCLUSION.

AS TO THOSE SO POORLY ENDOWED BY NATURE THAT THEY ARE UNABLE TO WORK, IT MUST BE THE DUTY OF THE COMMUNITY TO TAKE CARE OF THEM

IN A WAY COMMENSURATE WITH THE NORMAL STANDARD OF THE COMMUNITY IN QUESTION. THIS APPLIES CLEARLY TO OLD MENTALLY RETARDED PEOPLE WHO MUST BE OFFERED CONDITIONS ON A PAR WITH THOSE OF ALL OTHER AGED CITIZENS IN THE COUNTRY. THESE MENTALLY RETARDED SHOULD ALSO BE ACTIVATED. THEY MUST BE OFFERED SOME FORM OF OCCUPATION, IF THEY CANNOT PARTICIPATE IN PRODUCTIVE WORK IN SHELTERED SORK-SHOPS.

THE THIRD ASPECT IN A NORMAL EXISTENCE CONSISTS IN SPARE TIME OCCUPATION AND RECREATIONAL ACTIVITIES. IT MUST BE A NATURAL THING FOR THE MENTALLY RETARDED TO HAVE THE SAME ACCESS TO LEISURE HOUSRS AND TO PARTICIPATE IN SUCH RECREATIONAL ARRANGEMENTS AS THE COMMUMITY EXTENDS TO ALL OTHER CITIZENS.

NOWADAYS IT MUST BE AN ESTABLISHED FACT THAT THE MENTALLY RETARDED ARE ENTITLED TO THE SAME BENEFITS AS OTHER CITIZENS.

INEQUALITY HAD EXPRESSED ITSELF MOST STRONGLY IN THE THIRD REICH WHERE TREATING CERTAIN GROUPS DIFFERENTLY, BECAUSE OF RACE, RELIGION, OR HANDICAP, HAD LED TO THE ELIMINATION OF THESE GROUPS. THIS IS UNACCEPTABLE AND THE ONLY WAY TO AVOID A SIMILAR DISCRI-MINATION IN THE FUTURE IS WHOLLY AND FULLY TO ACCEPT ALL HUMAN BEINGS AS EQUAL CITIZENS NO MATTER HOW THEY WERE BORN OR HOW THEY TURN OUT TO BE.

AS REGARDS HOUSING CONDITIONS: IN MOST COUNTRIES IT IS CONSIDERED NORMAL FOR CHILDREN TO LIVE WITH THEIR PARENTS. THAT THIS IS GENERALLY THE BEST THING FOR THE CHILD, TOO, IS HERE TAKEN FOR GRANTED.

MENTALLY RETARDED CHILDREN, THEREFORE, OUGHT TO LIVE WITH THEIR PARENTS, WHEREVER THIS IS FEASIBLE. THERE ARE MENTALLY RETARDED CHILDREN, WHOSE STATE IS SUCH THAT THEY CANNOT LIVE AT HOME. THERE ARE HOMES WHICH ARE UNABLE TO OFFER THE MENTALLY HANDICAPPED ACCEPTABLE LIVING CONDITIONS. IN SUCH CASES THE MENTALLY RETARDED MUST BE INVITED TO LIVE OUTSIDE THEIR HOMES IN INSTITUTIONS AND HOME ESTABLISHED TO MEET THESE NEEDS. THE PRINCIPLE IS THUS ENTIRELY UNLIKE THE INSTITUTIONALIZATION PRINCIPLE, UNDER WHICH THE MENTALLY RETARDED WERE REMOVED FROM THEIR NATURAL HOMES AND ISOLATED IN GENERALLY LARGE, REMOTE, INHUMANE INSTITUTIONS WITH SUCH CONSEQUENCES AS DISCONTINUANCE OF CONNECTION BETWEEN PARENTS AND CHILDREN TO THE INJURY OF BOTH, AND AN EXISTENCE IN THE HUMANIZED INSTITUTIONALIZATION. WHERE A CHILD IN THE SAID SITUATION CANNOT LIVE AT HOME, IT MUST BE ASKED TO LIVE IN AN INSTITUTION, BUT THIS OUGHT TO BE A SMALL ONE, I.E. WITH A MAXIMUM OF 12 CHILDREN IN THE SAME HOUSE. IF, FOR THE REASON OF TREATMENT, A LARGER GROUP OF CLIENTS MUST LIVE IN THE SAME INSTITUTION, THEN IT IS IMPORTANT THAT THE DIFFERENT HOUSING UNITS ARE SMALL. IT MUST BE THE OBJECT OF SUCH SMALL UNITS TO CREATE A SUBSTITUTE HOME WITH A DEFINITE RHYTHM IN EVERY DAY LIFE, AS IN A PRIVATE HOME. THE CLIENTS SHOULD

LIVE IN ONE PLACE, GO TO WORK, TO SCHOOL, OR KINDERGARTEN IN ANOTHER PLACE.

THE MENTALLY HANDICAPPED ARE ESSENTIALLY ORDINARY PEOPLE WITH ORDINARY CIVIL RIGHTS WHO HAPPEN TO HAVE A HANDICAP. THE MAJORITY OF THEM ARE MULTIHANDICAPPED.

MENTALLY RETARDED PEOPLE ARE NOT ILL--THEY CAN BE ILL-HAVE DISEASES ALSO OF A PSYCHIATRIC NATURE. MODERN HEALTH AND SOCIAL POLICY MAKES IT A RULE THAT ALL CITIZENS ARE ENTITLED TO TREATMENT FOR DISEASES AND WEAKNESSES. IN THE MORE ADVANCED COUNTRIES, SUCH AS DENMARK, THIS SERVICE IS PERFORMED FREE OF CHARGE. THIS SERVICE MAY COVER TREATMENT OF COMMON DISEASES OR TREATMENT BY SPECIALISTS. MENTALLY RETARDED PERSONS ARE OFTEN IN NEED OF SPECIALIST TREATMENT, AND IT IS THEREFORE IN CONSEQUENCE OF THE NORMALIZATION PRINCIPLE THAT MENTALLY RETARDED PERSONS SHALL BE OFFERED SPECIALIST TREATMENT. THIS TREATMENT MAY BE OF DIFFERENT TYPES AND IN PRINCIPLE COMPRISES SPECIAL EDUCATION.

THE STATEMENT THAT THE MENTALLY RETARDED NEED MORE SPECIAL TREATMENT, INCLUDING EDUCATION, THAN OTHER CITIZENS, DOES NOT MAKE THE NORMALIZATION PRINCIPLE MENNINGLESS. IN A SOCIETY LIKE DENMARK IT IS NORMAL TO PROVIDE ALL CITIZENS WITH SPECIAL TREATMENT. IF ANYONE NEEDS MEDICAL TREATMENT IT IS NORMAL TO GET IT NO MATTER ONE'S MENTAL CONDITION. EDUCATION ON UNIVERSITY LEVEL CAN BE CONSIDERED AS SPECIAL EDUCATION. HOWEVER, IT IS NORMAL TO PROVIDE

SUCH EDUCATION TO THOSE WHO NEED IT, BECAUSE THEY ARE GOING TO BE DOCTORS, LAWYERS, ETC. SPECIAL EDUCATION FOR HANDICAPPED SHOULD LIKEWISE BE CONSIDERED AS A NORMAL OFFER FOR SERVICES.

MODERN SCIENCE HAS OPENED UP NEW VISTAS FOR TREATMENT METHODS, AND WE MAY EXPECT IN THE COMING YEARS TO SEE A MARKED DEVELOPMENT OF THESE COMPARATIVELY RECENT DISCOVERIES. WHEREAS DEVELOPMENTS CONVERNING HOUSING, WORKING AND LEISURE CONDITIONS WILL CONSOLIDATE THE SIMILARITY OF EXISTENCE IN THESE RESPECTS OF THE HANDICAPPED WITH THAT OF OTHER MEMBERS OF THE COMMUNITY, WE MAY LOOK FORWARD TO A GREAT ACCELERATION OF DEVELOPMENT IN SUCH SPHERES AS SPECIAL TREATMENT AND SPECIAL EDUCATION TECHNIQUES.

IT IS IMPORTANT IN PLANNING TO DISTINGUISH CLEARLY BETWEEN THE HOUSING SITUATION AND THE TREATMENT SITUATION. BY WAY OF EXAMPLE, IN MANY COUNTRIES IT WAS FORMERLY CUSTOMARY TO MAKE MENTALLY RETARDED CHILDREN LIVE IN BOARDING SHCOOLS, WHERE RESIDENCE AND EDUCATION WERE INSEPARABLE, AS A RULE WITHOUT CLEAR DISTINCTION AS TO TIME AND PLACE. TODAY, DAY SCHOOLS FOR MENTALLY RETARDED ARE BUILT ALL OVER THE WORLD, OR SPECIAL CLASSES AND SPECIAL EDUCATION ARE BEING ARRANGED IN ORDINARY DAY SCHOOLS. THE HANDICAPPED CHILDREN LIVE IN THEIR OWN HOUSES, WHEREEVER THIS IS FEASIBLE, OR IN SMALL FAMILY LIKE INSTITUTIONS. THE CHILDREN IN THESE SMALL INSTITUTIONS LEAVE THEIR LIVING QUARTERS IN ORDER TO GO TO SCHOOL, AND GO HOME AFTER SCHOOL HOURS, LIKE ALL OTHER CHILDREN.

INSTITUTES FOR SPECIAL TREATMENT OF A MEDICAL NATURE WILL BECOME NECESSARY, BUT HERE TOO; A DISTINCTION MUST BE MADE BETWEEN HOUSING AND TREATMENT. IF HOSPITALIZATION IS REQUIRED, WHICH WILL OFTEN BE THE CASE, IT MUST BE WITH A VIEW TO DISCHARGE AS SOON AS THE TREATMENT NO LONGER DEMANDS HOSPITALIZATION. THIS TOO IS SELF EVIDENT, BUT WAS NOT PUT INTO PRACTIVE FOR DECADES FOR THE MENTALLY RETARDED IN DENMARK.

THE INTERPRETATION OF THE NORMALIZATION PRINCIPLE IN RELATION TO EVERYDAY LIFE HAS SHOWN THAT THE MOST IMPORTANT POINT MAY BE THE CLEAR DISTINCTION BETWEEN THE SITUATIONS "HOUSING", "WORKING" IN THE BROADEST SENSE AND "LEISURE".

LET US, FOR INSTANCE, TAKE THE TRADITIONAL INSTITUTION FOR MENTALLY RETARDED, WHERE USUALLY A PHYSICIAN, A PEDAGOGUE, OR A SOCIAL WORKER WERE THE LEADER AND AS SUCH RESPONSIBLE FOR THE WHOLE LIFE OF THE MENTALLY RETARDED. IT IS FELT THAT EACH SINGLE HOUSE, OR WARD, IN SUCH A HOSPITAL LIKE INSTITUTION SHOULD BE RUN ABSOLUTELY INDEPENDENT OF THE PROFESSIONAL ADMINISTRATION THAT IS RESPONSIBLE FOR TREATMENT, EDUCATION, ETC. EACH LITTLE WAR SHOULD BE RUN AUTONOMOUSLY IN REGARD TO BUDGET AND ECONOMY ALSO.

DENMARK STILL HAS A SPECIAL SERVICE FOR THE MENTALLY RETARDED. THE STATE HAS THE WHOLE RESPONSIBILITY FOR ALL SERVICES, BUT THIS SYSTEM IS GOING TO BE "NORMALIZED", SO THAT IT WILL BE THE ORDINARY AUTHORITIES THAT WILL BE RESPONSIBLE FOR THE SERVICES FOR THE MENTALLY RETARDED.

AS A RESULT OF THE NORMALIZATION PRINCIPLE WILL THEN BE A COMPLETE DISCONTINUATION OF SPECIAL BRANCHES FOR THE MENTALLY RETARDED. CORRESPONDINGLY WILL SPECIAL SERVICES FOR OTHER HANDICAP GROUPS BE DISCONTINUED.

THIS MAY BE CALLED INTEGRATION OF SERVICES. AND SINCE THE WORK "INTEGRATION" HAS BEEN MENTIONED, I SHOULD LIKE TO REPEAT THAT, IN PRINCIPLE, "INTEGRATION" AND "NORMALIZATION" ARE TWO ABSOLUTELY DIFFERENT CONCEPTS.

NORMALIZATION IS THE GOAL OF THEIR EFFORTS. THEY MAY USE DIFFERENT METHODS TO REACH THIS GOAL. FROM FORMER DAYS WE KNOW THAT SEGREGATION WAS A METHOD, WHICH LED CLEARLY TO THE GOAL OF THOSE DAYS, NAMELY TO PROTECT THE MENTALLY RETARDED IN ISOLATED INSTITUTIONS AND ENVIRONMENTS.

"INTEGRATION" IS A METHOD, WHICH MAY OFTEN LEAD TO NORMALIZATION, BUT INTEGRATION IS ONLY A WORKING METHOD, NOT THE PURPOSE ITSELF. THE PROBLEM OF INTEGRATION IS RATHER DIFFERENTIATED, AND THE FULL CONSEQUENCE MAY BE A COMPLETE PERSONAL INTEGRATION.

UNTIL 1959, THE ADMINISTRATIVE RESPONSIBILITY FOR ALL SERVICES WITHIN EACH REGION, ALL INSTITUTIONS, COMMUNITY SERVICES AND PRIVATE ACCOMODATION, LAY WITH THE PSYCHIATRISTS. THIS SYSTEM WAS THEN COMPLETELY CHANGED INTO ONE WITH A MULTIDISCIPLINARY LEADERSHIP MADE UP OF A CHIEF PHYSICAN, A DIRECTOR OF EDUCATION, AND A DIRECTOR OF

SOCIAL WORK, WITH THE BUSINESS ADMINISTRATOR, RESPONSIBLE FOR ALL SERVICES.

THIS SHIFT IN RESPONSIBILITIES WAS HEAVILY CRITIZED, ESPECIALLY BY THE PHYSICIANS. THERE ARE PROBLEMS OF "GENERATION GAP" BUT AS TIME WENT ON ALMOST ALL THE LEADERS OF THE SERVICE WERE IN FAVOR OF THIS SORT OF TEAMWORK. THIS STRUCTURE, WHICH HAS LED TO SOME EFFECTIVE RESULTS OF TREATMENT, MIGHT NOW BE SOMEWHAT ALTERED.

MANY PROFESSIONALS ACKNOWLEDGE THAT THE MENTAL RETARDATION SERVICE IS A MULTIDISCIPLINARY WORK WHICH SHOULD INCLUDE AT LEAST THE DISCIPLINES ALREADY MENTIONED AND, IN ADDITION, REPRESENTATIVES OF THE CARE ASSISTANTS, WHO NOW RECEIVE YEARS OF SPECIAL TRAINING. A RECENT EDUCATIONAL REFORM MEANS THAT THIS TRAINING WILL NOW BECOME GENERAL FOR THE WHOLE FIELD OF SOCIAL WORK. IT PROVIDES AN OPPORTUNITY FOR GREATER SPECIALIZATION IN WORK WITH CHILDREN, YOUNG PEOPLE AND THE ELDERLY RATHER THAN IN WORK WITH CATEGORIES OF HANDICAP.

THE SPECIAL CATEGORIES OF BLIND, DEAF, PHYSICALLY AND MENTALLY HANDICAPPED WILL DISAPPEAR FROM THE ADMINISTRATIVE AND LEGISLATIVE SYSTEM. THIS IS NORMALIZATION: EQUALITY WITH OTHER CITIZENS WITHOUT CATEGORIZING GROUPS. THIS WILL BE ACCOMPANIED BY ADMINISTRATIVE NORMALIZATION, THE RESPONSIBILITY FOR ALL THESE CITIZENS WILL BE HANDED OVER FROM SPECIAL ADMINISTRATIONS TO THE LOCAL AUTHORITIES IN COUNTRIES AND MUNICIPALITIES.

THIS COMPLEX OF PROBLEMS IS ONLY OF INTEREST IN COUNTRIES WHERE SPECIAL SERVICES FOR THE MENTALLY RETARDED HAVE BEEN DEVELOPED. DEVELOPING COUNTRIES, WHICH ARE STARTING FROM SCRATCH, CAN AVOID THESE DEVELOPMENTAL STAGES THROUGH WHICH MANY WESTERN COUNTRIES HAVE HAD TO PASS.

NORMALIZATION ITSELF HAD BEEN CONTROVERSIAL IN DENMARK. AS ARGUED, NORMALIZATION IS THE VERY OPPOSITE OF PROTECTIONISM AND THEY STILL HAVE MANY SYMPATHIZERS OF PROTECTIONISM IN DENMARK. THIS ATTITUDE STILL PERSISTS AMONG THE PERSONNEL AS WELL AS IN LARGE SEGMENTS OF THE POPULATION PARTIALLY BECAUSE OF LACK OF KNOWLEDGE, THESE PEOPLE MAINTAIN THE OLD PROTECTIVE VIEWS OF THE MENTALLY RETARDED. THIS IS PARTICULARLY TRUE AMONG THE OLDER GENERATION OF PARENTS WHO CAN HARDLY UNDERSTAND THAT WHEN THEIR CHILDREN GROW UP SHEY SHOULD LIVE AWAY FROM THEIR FAMILY HOME AND SO BE FREED FROM THE USUALLY OVERPROTECTIVE ATTITUDE OF THEIR PARENTS.

IN DENMARK THEY HAVE NOT THEORIZED SO MUCH AS IN OTHER COUNTRIES ABOUT NORMALIZATION. AND YET THEY HAVE OFTEN MISUNDERSTOOD EACH OTHER, WITH OR WITHOUT CAUSE. THE CONCEPT HAS BEEN CONTROVERSIAL IN DENMARK, JUST AS IT HAS ELSEWHERE, BUT REMAINS ONE OF THE MOST POSITIVE CHALLENGES IN THIS FIELD.

PROFESSIONAL COOPERATION BETWEEN TEACHER AND CONSULTANT AND RESPONSIBLE IMPLIMENTATION OF THE IDEAS OF INTEGRATION MUST BE BASED ON THOROUGH INFORMATION ON HANDICAPPED.

TEACHERS MAY BECOME QUALIFIED TO GIVE SPECIAL PEDAGOGICAL ASSISTANCE ON THREE LEVELS.

THE CURRICULUM OF THE BASIC TEACHER TRAINING, WHICH TAKES 3½ TO 4 YEARS, INTRODUCES A KNOWLEDGE OF THE SITUATION OF THE HANDICAPPED IN SEVERAL WAYS. SPECIAL PEDAGOGICAL SUBJECTS ARE TAUGHT WITHIN THE SUBJECTS OF PSYCHOLOGY, PEDAGOGY, THE THEORY AND PRACTICE OF TEACHING.

TO FURTHER INTEGRATE RESPONSIBILITY AND TO SUPPORT ACTIVE SOCIAL AND PREVENTATIVE WORK IN ORDINARY CLASSES, ALL TEACHERS MUST BE GIVEN INFORMATION ON THE HANDICAPPED.

A COMMITTEE UNDER THE MINISTRY OF EDUCATION HAS RECENTLY RECOMMENDED THAT ALL TRAINING COLLEGE STUDENTS ARE TAUGHT THE RULES OF SPECIAL EDUCATION THROUGH A 150 LESSON COURSE, IN ADDITION TO A PRACTICAL ORIENTATION IN THE VARIOUS SUBJECT FIELDS. THE COMMITTEE PROPOSES THAT PRACTICING TEACHERS TRAINED WITHOUT A PEDAGOGICAL SPECIAL SUBJECT BE OFFERED CORRESPONDING COURSES AS IN SERVICE TRAINING.

TEACHER TRAINING WITH THE TEACHING OF THE HANDICAPPED AS SPECIAL SUBJECT AND 2 YEARS OF PRACTICAL EXPERIENCE GIVES ACCESS TO THE SPECIALIZED TEACHER TRAINING LASTING 11 YEARS. THE FIRST HALF YEAR THE SPECIAL PEDAGOGY IS TAUGHT IN GENERAL TERMS.

THE TWO LAST HALF YEAR TERMS THE GENERAL THEORIES ARE EXEMPLIFIED THROUGH TWO SPECIAL SUBJECTS CHOSEN FROM THE AREAS OF SPEECH HANDICAPS, VISUAL HANDICAPS, HEARING HANDICAPS, MOTOR HANDICAPS, PHYSICAL INHIBITIONS, BACKWARD READERS AND THE SOCIALLY AND EMOTIONALLY RETARDED.

SPECIAL AREAS REQUIRE SPECIAL COURSES. STAFF FOR INSTITUTIONS FOR RESEARCH AND THE TRAINING OF TEACHERS STUDY FOR A FURTHER TWO YEARS AND HAVE THE OPPORTUNITY OF CONTINUED SCIENTIFIC STUDIES.

THE LAW DISTINGUISHES BETWEEN SPECIAL EDUCATION FOR CHILDREN AND YOUNG PEOPLE BELOW THE AGE OF 18 AND SPECIAL EDUCATION FOR ADULTS.

THE EDUCATION MAY BE REMEDIAL, I.E. AIR AT HELPING OR LIMITING THE EFFECTS OF HANDICAPS, OR ACCOMODATING, I.E. VOCATIONAL TEACHING ARRANGED IN SUCH A WAY THAT THE STUDENTS HANDICAP HINDERS HIS LEARNING OF THE SYLLABUS AS LITTLE AS POSSIBLE.

REMEDIAL SPECIAL EDUCATION FOR ADULTS IS THE RESPONSIBILITY OF THE COUNTY. ALL EXPENSES INVOLVED, INCLUDING THE COSTS OF TRANSPORTATION AND TEACHING AIDS, ARE PAID BY THE COUNTY. IT IS BASED AT SPECIAL EDUCATIONAL ADULT CENTERS, BUT MAY BE GIVEN OUTSIDE THE CENTER IN THE HOME OF THE HANDICAPPED PERSON OR IN HOSPITALS OR INSTITUTIONS, AS INDIVIDUAL EDUCATION OR IN SMALL GROUPS.

PRIVATE EDUCATIONAL ASSOCIATIONS MAY OFFER CORRESPONDING EDUCATION. IF A MINIMUM OF TWO PUPILS ENROLL AND THE ASSOCIATION HAS QUALIFIED TEACHERS, THE COUNTY PAYS THE COST. NEW CLASSES MAY NOT BE ESTABLISHED UNTIL MORE THAN 5 PUPILS HAVE ENROLLED.

THE ACCOMODATING SPECIAL EDUCATION FALLS UNDER THE LEISURE TIME EDUCATION ACT WHICH IS ADMINISTERED BY LOCAL EDUCATIONAL AUTHORITIES OR PRIVATE EDUCATIONAL ASSOCIATIONS. SUBSIDIES TO PRIVATE EDUCATIONAL ASSOCIATIONS ARE GRANTED ON THE CONDITION THAT NO LESS THAN 5 STUDENTS ATTEND EACH CLASS, AND NO NEW CLASSES MAY NORMALLY BE ESTABLISHED UNTIL MORE THAN 12 HAVE ENROLLED.

ALSO FOR ADULTS, REGIONAL AND NATIONAL INSTITUTIONS MAY BE ESTABLISHED TO MEET SPECIAL NEEDS TO THE NECESSARY EXTENT, AND IN THIS CONNECTION ALSO BOARDING SCHOOLS.

IN VOCATIONAL SCHOOLS AND UNIVERSITIES INDIVIDUAL SUPPORT MAY BE GIVEN BASED ON AN EVALUATION OF THE NEED, JOINTLY CARRIED OUT BY THE PEDAGOGICAL, MEDICAL AND SOCIAL SECTORS. FOR EXAMPLE, AN INTERPRETER MAY BE PUT AT THE DISPOSAL OF DEAF STUDENTS, AND SECRETARIAL HELP FOR THE BLIND AND PHYSICALLY HANDICAPPED.

SPECIAL PEDAGOGICAL ASSISTANCE IS A LIFE LONG OFFER WITHOUT EXPENSE FOR THE HANDICAPPED PERSON.

IN ORDER FOR THE SYSTEM TO FULFILL THE EXPECTATIONS OF THE "CONSUMER" THE MEDICAL, SOCIAL AND PEDAGOGICAL EFFORTS MUST BE

COORDINATED. AS AN EXAMPLE OF COORDINATED COOPERATION ON A LOCAL LEVEL THE ORGANIZATION OF THE PEDAGOGICAL-PSYCHOLOGICAL ADVISORY SERVICE MAY MENTION THAT "ITINERANT TEACHERS" ARE ATTACHED TO IT SO THAT A DIAGNOSIS MAY BE BOLLOWED BY PRACTICAL ASSISTANCE.

THE MAIN PRINCIPLE IS COMPETENT ASSESSMENT AND REFERRAL AND QUALIFIED ASSISTANCE ADMINISTERED AS CLOSE TO THE HOME OF THE HANDICAPPED PERSON AS THE NUMBER OF HANDICAPPED REQUIRING THE TYPE OF SERVICE IN QUESTION ALLOWS.

IN CONCLUSION. EVEN THE BEST INTENTIONS MAY BE WITHOUT EFFECT IF THERE IS NO QUALIFIED AND COMPETENT ADMINISTRATION AT LOCAL, COUNTY AND STATE LEVEL.

I WOULD LIKE TO EXPRESS MY APPRECIATION TO BANK MIKKELSEN AND SKOV JORGENSEN FOR THE TIME THEY HAVE GIVEN ME IN PERSONAL INTERVIEWS SO THAT THIS PAPER COULD BE WRITTEN IN A SHORT TIME. MY THANKS TO THEIR STAFF FOR THEIR HELP IN RESEARCHING THE INFORMATION AND IN TRANSCRIBING THE RESEARCH MATERIAL INTO ENGLISH. MY THANKS TO JACQUELINE WECHSLER FOR PUTTING THIS PAPER INTO ITS FINAL FORM.